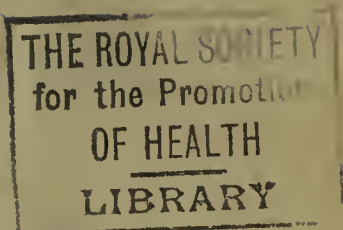


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ANNUAL REPORT

OF THE

DIRECTOR OF MEDICAL SERVICES

FOR THE YEAR

1954.

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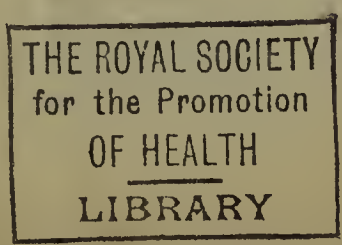
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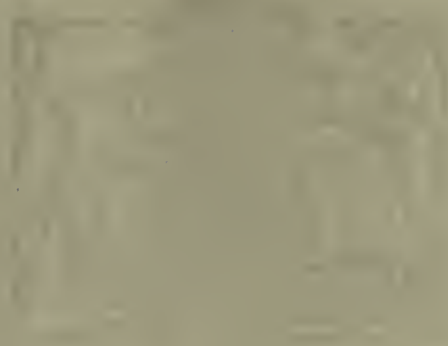
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GEORGETOWN, DEMERARA, BRITISH GUIANA.  
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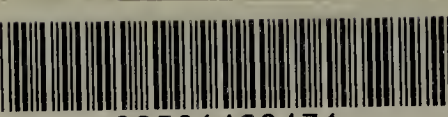
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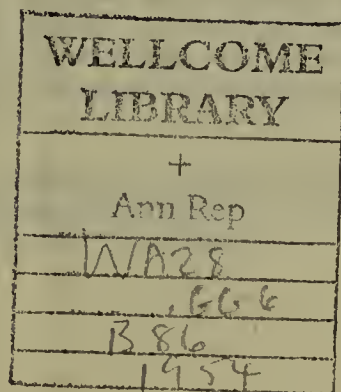


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MEDICAL DEPARTMENT,

BRICKDAM,

GEORGETOWN 11,

P.O. Box 157,

BRITISH GUIANA,

28TH MAY, 1955.

I. ADMINISTRATION :

In January 1954, the Medical Department was placed under the newly created Ministry of Labour, Health and Housing.

The Department of Housing which very recently had been connected to the Medical Department through its Chairman, the Director of Medical Services, was completely separated by the appointment of another Chairman.

2. The Register General's Office was also removed from the control of the Medical Department during the year. Previously the Assistant Director of Medical Services (Health) had held the post of Registrar General. It might be recorded that Dr. C. R. Subryan, the former Registrar General produced some very valuable and interesting statistical research work at this Registry during his years of service.

3. During the year, the Ambulance Service in Georgetown which in the past had been maintained jointly by the Medical and Police Departments was turned over to the control of the Fire Brigade. It is considered that this change will result in a much more efficient Ambulance Service as the Fire Brigade has proper means available to service its vehicles and an ample staff.

4. A Committee of Enquiry into the Medical Service of the Colony was appointed by the new Member for Labour, Health and Housing during his first month of office. This Committee, which consisted of eight members, had as its Chairman, Dr. G. A. Clark, C.B.E., V.R.D., who was selected by the Colonial Office. The terms of reference of the Committee were "To enquire into the working of the Medical Services of the Colony with particular reference to the administration of Hospitals, and to make recommendations for the improvement thereof". The Committee submitted its report to Government in October 1954.

5. The Director of Medical Services—Dr. L. A. P. Slinger, O.B.E.—went on vacation leave on 29th September, 1954 and during his absence, Dr. C. R. Subryan, Assistant Director of Medical Service (Health) acted in that post.

II. PERSONNEL :

6. Details of the Colony's Medical Establishment and the incidence of leave and retirement which occurred therein during the year are recorded in Appendix I.

7. For some years the shortage of specialist staff had greatly inconvenienced the efficiency of the Medical Department. Fortunately during 1954 this problem showed every sign of being completely solved in the near future. Of the twenty-one approved specialist appointments, eleven were vacant at the beginning of 1953. Today the only vacant posts in the specialist grade which are urgently necessary to fill are those of two Health Officers. Besides being able to fill the vacant appointments as stated, three extra specialist posts were created and filled during the year—these are: Bacteriologist and Pathologist; Physician and Assistant Tuberculosis Officer.

Most of the vacant posts were filled by the return of Guianese doctors who had been sent on post-graduate specialist courses during the past two years. Two candidates from India were appointed by the Colonial Office to two of the posts.

Though the emoluments of specialist officers were somewhat improved during 1953, and consultation practice was abolished, it is considered that the emoluments are still below the correct standard and vary unnecessarily according to the particular specialty of each officer *e.g.* A Radiologist receives higher emoluments than an Ophthalmic Surgeon and a Senior Physician than the Ear, Nose and Throat Surgeon.

8. A Salary Revision Commission investigated the emoluments of Civil Servants in the Colony, including Medical Officers. The Commission submitted its report to Government at the end of the year.

9. The principle was continued during the year of giving the medical staff any leave that was due to the officers so as to prevent eventual inconvenience to the Department, as happened in the past when long periods of leave have accumulated to several officers. During the year, four House Officers (Internes) received their pre-registration training at the Public Hospital, Georgetown.

### III. FINANCE :

10. The following is the actual expenditure during 1954 for the Medical Department.

<i>Heads of Expenditure</i>	<i>Amount</i>
XXV—Medical .....	\$ 849,817.39
XXVI—Bacteriological Department .....	\$ 74,481.44
XXVII—X-Ray Department .....	\$ 34,429.94
XXVIII—Hospitals .....	\$2,895,284.84
Miscellaneous Subventions—	
Municipal .....	\$ 347,494.29
Non-Municipal .....	\$ 766,306.47

11. Comparative Totals of Expenditure for the years 1952-1954 are set out below—

<i>1952</i>	<i>1953</i>	<i>1954</i>
\$3,129,585.26	\$3,214,964.49	\$4,967,814.37

12. The amount spent on all medical services per person (estimated total population 460,000) per annum was \$10.80.

Comparative figures for the percentage expenditure on medical services to total expenditure on all services are—

<i>1952</i>	<i>1953</i>	<i>1954</i>
10.05%	10.03%	14.4%

### IV. VITAL STATISTICS:

13. There is comparatively little change to be seen in the Vital Statistic rates in 1954 from the preceding year. The Crude Birth Rate showed a slight decline with 42.9 births per 1,000 estimated mean population from the previous year. The Crude Death Rate per 1,000 mean population was 12.4 as compared with 13.3 in 1953. The Infant Mortality Rate was 73.6 *vice* 79.3 in 1953, whilst the Still Birth Rate was 36.8 *vice* 36.3 in 1953, and the Maternal Mortality Rate was 4.2 per 1,000 births as compared with 4.0 in 1953 and the steady rates of 4.0 and 5 for the two previous years.

14. Comparative Vital Statistical data for the past three years are given in Table I. The 1954 statistics are provisional—they exclude Aborigines and include migration—



TABLE I.

		1952	1953	1954
Population .....	Males .....	216,230	222,840	229,220
	Females.....	218,670	224,440	230,780
	TOTAL .....	434,900	447,280	460,000
Total Births .....	Males .....	9,738	10,111	Not avail-
	Females.....	9,233	9,334	able
	TOTAL .....	18,971	19,445	19,449
Crude Birth Rate per 1,000 mean population .....	Mean .....	428,670	441,090	453,640
	Rate .....	44.3	44.1	42.9
Still Births .....	No. ....	701	706	715
	Rate .....	37.0	36.3	36.8
Total Deaths .....	Males .....	3,067	3,061	Not avail-
	Females.....	2,705	2,815	able
	TOTAL ..	5,772	5,876	5,639
Crude Death Rate per 1,000 mean population .....	Mean .....	428,670	441,090	453,640
	Rate .....	13.5	13.3	12.4
Infant Mortality Rate per 1,000 Live Births .....	Deaths .....	1,551	1,542	1,432
	Rate .....	81.8	79.3	73.6

## V. COMMUNICABLE DISEASES:

15. During the period under review, the health of the Colony has been satisfactory. No epidemic of quarantinable diseases was encountered and no more cases of Paralytic Rabies which were reported last year have occurred during 1954.

16. Widespread epidemics of Infantile Paralysis were reported from Trinidad and Jamaica during the middle of the year, but fortunately, only three (3) cases were seen in this Colony. A few cases of Yellow Fever were diagnosed in Trinidad and suitable quarantine regulations were adopted by British Guiana against visitors from that territory.

17. *Enteric Fever*—During the first quarter of the year, the incidence of Enteric Fever in Georgetown, and especially in its suburbs, showed a slight increase over recent years. The cases notified were scattered in origin and it was not possible in most cases to incriminate any particular source. In the second quarter the Essequibo District was, similar to last year, the site for a mild epidemic of Enteric Fever. The cases were scattered along the whole coast, especially in areas where no potable water supply is available. Mass T.A.B. inoculations given to the inhabitants in the affected areas were the main defence against further spread of the infection. In due course it is hoped that an artesian well supply will be available to all the inhabitants of this coast which should considerably reduce the incidence of Enteric Fever in this district.

18. Table II compares the number of notifications recorded in respect of more prevalent infections during the past three years—

TABLE II

*Notified Cases of Diseases 1952-1954.*

Disease	No. of Cases		
	1952	1953	1954
Enteric .....	419	682	667
Influenza .....	2,862	946	570
Pulmonary Tuberculosis .....	209	109	110
Chicken Pox .....	223	65	345
Diphtheria .....	27	33	47

19. *Tuberculosis*—The new Nurses' Hostel was opened at the Best Sanatorium during the year. This building can house a nursing staff of about 75. Part of the new Hospital Wing was opened simultaneously with the new hostel and as more nurses are added to the institutional staff, more patients will be admitted. The old tuberculosis ward in the Public Hospital, Georgetown, has been closed and only two or three beds are retained for emergency haemoptysis cases.

Various minor construction work at the Best Hospital was carried out during the year. This hospital is the only medical institution in the Colony that the Medical Administration considers satisfactory.

The list of patients awaiting admission to the Best still remains in the neighbourhood of 500.

174 new cases were admitted during the year. 32 cases died and 107 were discharged. 3,360 X-ray examinations were undertaken at the Sanatorium—1,918 on out-patients and 1,442 on in-patients. From mid-June 166 X-ray screening examinations were performed on artificial pneumothorax. In the Laboratory attached to the Sanatorium, 6,289 examinations were carried out.

20. The British Guiana Society for the Treatment and Prevention of Tuberculosis through its 'After-Care Branch' dealt with the needs of ex-patients and families of sufferers from this disease. The Society unfortunately has not received within the past eighteen months the financial aid from the public on which its good works naturally entirely depend. This lack of support is attributable entirely to the unhappy political situation of last year. It is sincerely hoped that now the Colony appears to have returned to more peaceful conditions, that the Society will once again receive the big financial support which it deserves.

21. *The Anti-Tuberculosis and BCG Campaign* which had been sponsored by WHO and UNICEF commenced operation in the Colony on March 16, Dr. R. G. Lampart, WHO Adviser supervised and trained the local personnel which consisted of one Medical Officer and two teams of three nurses each.

The aim of this Campaign was to raise the level of resistance of the population by giving BCG vaccine to the age group 1 year to 45 years of age. Later associated with the BCG Campaign was a Mass Miniature Radiography Campaign.

After a short period of keen propaganda methods, the Campaign commenced operating in Georgetown beginning first with the School Children and later with adults. The Country Districts have been tackled in a similar way. First of all along the East Bank of the Demerara River, then the West Bank and the West Coast Demerara. At the end of August most of the coastal areas of Demerara had been tested.

The response of the public has been very satisfactory, both as regards attendances for testing and vaccination and also co-operation in providing suitable centres in the various districts for the two units to work. In spite of persistent record-breaking rains during 1954, the attendances both on testing and reading days were satisfactory.

The BCG Campaign in the Interior was organised and carried out by Dr. C. R. Jones, Interior Medical Officer. It is interesting to note that of the 3,608 Amerindians tested, 484 were positive and 2,795 of the negative were vaccinated.



22. Since the start of the Campaign, each month a different Tuberculosis Health Visitor has been attached to the Campaign for training. These trained Health Visitors will be of value at the end of the Campaign for the 'Follow-on' proposals for continuing the testing and vaccination throughout the country.

23. *Statistical Returns—*

TABLE III

<i>Month</i>	<i>No. Tested</i>	<i>Positive</i>	<i>Negative and Vaccinated</i>	<i>Negative but not Vaccinated</i>	<i>Not Read</i>
March and April .....	14,368	5,987	7,645	—	736
May .....	21,755	7,904	13,024	19	808
June .....	28,542	12,086	14,653	5	1,798
July .....	33,425	11,831	19,397	3	2,194
August .....	19,865	8,441	10,026	5	1,393
September .....	8,157	3,072	4,288	—	797
October .....	15,619	5,720	8,206	3	1,690
November .....	19,597	7,306	10,009	8	2,274
December .....	13,439	5,194	6,860	3	1,382
	174,767	67,541	94,108	46	13,072

The Campaign is expected to run into the middle of 1955 and before it closes down a medical team from Surinam will visit this Colony for a course of training in the necessary technique so as to organise and run eventually a similar project in their own territory.

24. *Malaria*—Unusually heavy rainfall has been an important feature of weather conditions during 1954. A total of 147.55 inches was recorded during the year which is 12.31 inches more than the heaviest annual recorded rainfall in the Colony. Despite these favourable conditions, however, malaria has remained at insignificant levels, only 31 cases having been reported by medical practitioners during the year, compared against 83 cases for 1953. Of these, 15 emanated from the North West District, where, however, only 3 were confirmed.

From a total of 75 blood smears examined for malaria, 6 or 8.0 per cent were positive—3 each for *P. falciparum* and *P. malariae*.

The following table compares the incidence of malaria over an eight year period:—

TABLE IV

<i>Year</i>	<i>Number of Cases</i>	<i>Number of Deaths</i>
1947 .....	15,490	280
1948 .....	8,701	172
1949 .....	4,674	109
1950 .....	1,840	65
1951 .....	1,008	31
1952 .....	181	28
1953 .....	83	3
1954 .....	31	Nil

Further details on this disease are submitted later in the Report under paragraph 41. Mosquito Control Service.

25. *Social Diseases*—During the year 4,696 patients sought treatment at the Social Diseases Clinic, Public Hospital, Georgetown. Of this number 698 were brought over from the previous year and 3,998 were new cases. 3,140 were diagnosed as suffering from Venereal Disease. 203 ante-natal cases were referred for investigation and of this number, 51 were found to be suffering from Venereal Disease.

Of the total number of new applicants, 632 or 20% of the total diagnosed new cases were suffering from Syphilis: 464 were in the early stages of the disease: 2,543 or 64% of the new cases were suffering from Gonorrhoea, a considerable increase on the previous year.

26.

TABLE V

*Comparison of Types of Venereal Disease Cases Treated.*

Type of Case	1952	1953	1954
Primary Syphilis	197	155	77
Secondary Syphilis	74	63	64
Early Latent Syphilis	296	243	323
Late Latent Syphilis	212	164	53
Late Syphilis	82	40	106
Hereditary Syphilis	13	17	9
Acute Gonorrhoea	1,421	1,422	1,922
Chronic Gonorrhoea	50	161	621
Chancroid	71	82	129
Granuloma Venereum	43	34	21
Lymphogranuloma Inguinale	9	1	56
Total NEW CASES	2,488	2,382	3,381
Total ATTENDANCES	34,716	25,449	22,513

27. The Field activities of the clinic continued during the year and showed what an important contribution they made towards a reduction in the incidence of the disease. The work can be considered in two sections:—

(a) *Follow-up Service*—1,987 patients were followed-up with the result that 999 returned to the Clinic, showing a 50% success.

(b) *Contact Tracing*—567 contracts were named of which 255 reported. Of this number, 175 showed evidence of Venereal Disease. It should be remembered that many contacts and patients live and work in the interior of the Colony, coming to Georgetown but few times in the year, thus making contact tracing and following-up sometimes impossible.

28. *Yaws*—Though Yaws is comparatively rare in this Colony, for several years a limited number of cases of Yaws has been reported from the riverain of the Pomeroon. An attempt was made during the year to eradicate these nests of infection round Charity and the Venereal Diseases Officer was sent to the district to organise a campaign with this object.

29. *Leprosy*—The number of patients registered in the Colony is 1,259, a rate per 1,000 of 2.7.

New cases diagnosed during 1954 totalled 64. Of these, 9 were lepromatous, 53 tuberculoid and 2 indeterminable. Among the new cases were 22 children—only one being lepromatous and requiring compulsory admission. The trend therefore seems to be towards a higher immunity in the population as a whole, if the diagnosed cases are taken as a fair sample.

30. As the result of School Leprosy Surveys during the year, 65,902 children were examined and 22 cases showing a rate of 0.03 of leprosy were discovered. The special School Nurse doing these surveys materially assists as well in ensuring the regular attendance of the children at clinics.



TABLE VI

*Results of Leprosy Surveys among School Children  
1950 — 1954.*

Year	No. of Children examined			No. of cases found		
	Boys	Girls	Total	Boys	Girls	Total
1950	27,746	26,569	54,315	20	11	31
1951	29,988	28,433	58,421	16	12	28
1952	25,284	23,868	49,152	10	10	20
1953	25,004	23,148	48,152	12	13	25
1954	33,782	32,120	65,902	13	9	22
TOTAL	141,804	134,138	275,942	71	55	126

32. As a preventive measure, the Lady Denham Home was repaired late in 1953 and serves this purpose, as it isolates all susceptible healthy child contacts, especially those, who previously had resided in Lancaster Village. There were 10 boys and 10 girls resident in the Home during the year.

All out-patients to the various clinics are encouraged to take treatment, and smears are now being taken as a routine on all discharged and previously diagnosed 'neural' cases as a matter of routine once every six months. Contacts, especially children, are encouraged to take small doses of Diamino-diphenyl Sulphone as a preventative and this is practised in the Lady Denham Home.

#### VI. PUBLIC HEALTH MEASURES :

33. Over the past few years there has been some justifiable public criticism that Sanitary Inspectors are not doing enough sanitary work and controlling sanitary nuisances in their district.

There is no getting away from the fact that the corps of Sanitary Inspectors is too small. Due to the large amount of new building and construction schemes which recently have been undertaken throughout the Colony, a great deal of the time of a Sanitary Inspector is now spent inspecting building sites, layouts and buildings. The Sanitary Staff is trained locally for the Royal Sanitary Institute Diploma, but only a limited number can be trained at anyone time. Recently there has been an increased wastage of Government Sanitary Officers due to retirement, and the drain on their numbers by the City Council of Georgetown and the Town Council of New Amsterdam, as well as the Sugar Estates—all of whom recruit their sanitary staffs from officers trained by Government.

The result is a shortage of the Sanitary Staff which it will take some years gradually to reduce. The solution to this problem is to increase the number of trainees for the sanitary course and this is being done at the next course which commences early in 1955. The other possible measure is to take out of the hands of the Sanitary Inspectors that part of their duties which deals with building applications and create a new corps of "Building Inspectors" or "Sanitary Cadets".

It is therefore proposed to organise a pilot scheme in 1955 by the appointment of six Building Inspectors who will, in the first place, undergo two months intensive training in this type of work. These officers will then be sent out to the districts to assist the District Sanitary Inspector in making plans etc. for building applications under the control and direction of Sanitary Inspectors and so allow the District Sanitary Inspectors to carry out their more important duties concerned with sanitation etc. This scheme will be enlarged if proved satisfactory.

Twelve meetings of the Central Board of Health were held during the year.



34. *Housing*—The housing programme on Sugar Estates which has made marked progress since its inception was continued with the aid of a further substantial allocation of funds to the Sugar Industry Welfare Fund Committee for this purpose. Several new areas were laid out for building purposes and a comparatively large number of detached single family dwellings were erected by sugar workers on various estates thus replacing the older unsatisfactory type of buildings known as 'ranges'.

34. *Urban Housing*—With the aid of a generous allotment of funds under the Development Programme, the Central Housing and Planning Authority which was completely re-organised and supplied with several specialist officers during the year, made progress with the development and erection of several new types of buildings in areas adjacent to Georgetown.

The urgent necessity for providing housing accommodation for the City's surplus population gave added impetus to this suburban housing programme and the close collaboration between the Central Board of Health and the Central Housing and Planning Authority was responsible for some of the progress made.

*Rural Housing* — In the rural areas, the Central Housing and Planning Authority have initiated self-help schemes, a number of which made good progress during the year and it is hoped that further schemes will develop in the near future under the supervision of the Self-Help Organisers of that Department.

During the year, the British Guiana Credit Corporation expended a considerable amount on loans to individuals for the erection of houses in villages and various approved land settlement schemes throughout the Colony. These loans are repayable over extended periods and the response of the rural population to the facilities offered by the Corporation augurs well for the future.

35. *Activities*—The activities of the Central Board of Health continued as in previous years, the principal categories being those shown in Table VII.

TABLE VII

1. Domiciliary Inspections .....	108,439
2. Inspection of special type premises—provision shops, bakeries, cowpens etc. ....	8,792
3. Re-certification of Rice Factories .....	193
4. Approval of new Coconut Oil Factories .....	5
5. Approval of building applications .....	*3,024
6. Approval of plans for the layout of land—	
(a) For building purposes .....	116
(b) Other than building purposes .....	56
7. Issue of certificates relating to completion of the prescribed works in connection with 6 .....	78
8. Samples of Foodstuffs examined (principally from the Milk Industry .....	2,046

\* Includes 335 under the Board's Relaxation Policy.

36. *School Medical Service*—The routine medical examinations of Elementary School Children of 23 City Schools was undertaken during the period under review.

Preliminarily to these examinations, 12,311 pupils were screened by School Nurses. 2,184 of them were considered to be suffering from defects indicating the necessity of a medical examination by the School Medical Officer. Of this number 1,183 have already been examined.

The commonest defects found were Scabies (395 cases): Ascaris (308 cases) and Dermatitis (112 cases).

798 parents and guardians paid 985 visits to the Clinic on the day of examination of their children; and 270 of these parents paid subsequent visits to the Nurses for follow-up advice and treatment.

As an aid to the detection of defects, the stools of 1,228 pupils were sent to the Government Laboratory for examination for helminths. Twelve pupils were

referred to the Laboratory for total and differential blood counts. One was discovered to be suffering from sickle-cell anaemia and nine from microcytic hypochromic anaemia.

In 8 Suburban Schools of 3,605 pupils who were seen by the nurses, 1,021 were selected to be examined by the Medical Officer. Of this number 336 have already been examined.

92 parents paid 123 visits to the clinic to witness the examination of their children.

*Correction of Defects.*—All appropriate supplies of medicine were distributed to pupils at school by Teachers acting under the direction of the Nurses. Children who required special treatment were referred to Government Medical Specialists.

132 pupils suffering from wounds were referred to the Public Hospital, Georgetown for anti-tetanus inoculations.

Nutritional surveys of 2,830 pupils of rural schools in Demerara for several purposes have been recently conducted by the School Medical Officer and similar surveys of 6,266 pupils have been conducted by the School Nurses. The findings of these surveys are not yet available.

*Health Education*—Systematic lectures (36) to Teachers in Training at the Government Teachers' Training Centre were given. Some of these lectures were illustrated by film strips.

A course of ten lectures in public health and preventive medicine and mental hygiene of the school child was given to 375 teachers attending for a period of five days. Great interest was evinced and teachers participated actively in the discussions which followed each lecture.

37. *Nutrition—School Feeding Scheme:* As a result of the nutritional survey carried out by the Medical Department in 1953, the Department put up a request for the financial assistance of UNICEF to organise a School Feeding Scheme throughout the Colony.

As School Feeding had previously been under the control of the Education Department, it was decided that that Department should be in charge of this feeding scheme. It might be mentioned that until 1954, School Meals had been issued to a comparatively small number of school children in Georgetown and New Amsterdam only.

Under the UNICEF School Feeding Scheme which started in August 1954, 20 per cent. of school children throughout the whole Colony will receive a snack meal consisting of Skim Milk, Fish Liver Capsules and "Fortified" Biscuits daily. The children to receive this meal are selected by Medical Officers or School Nurses and will be amongst the most needy in the various schools. Not only does this scheme provide a well balanced diet for the school children, but it will be a means to advertise to the parents and children the necessity for proper hygienically prepared food. Accordingly, lectures and talks will be given by a special officer at the schools as the scheme progresses.

*Milk Distribution Scheme:* Besides the above scheme, a Milk Distribution Scheme was organised by the Medical Department. This has been made possible by the generosity of the British Government in making available 100 tons of free milk to the Colony. This scheme provides for children of the Toddler group and maternity cases. This section of it will be organised through the present Infant Welfare and Maternity League. It will also provide for distribution of milk to selected cases attending the Tuberculosis Clinic in Georgetown.

The important way that Nutrition affects the local Infant Mortality rates is shown by the fact that during the rice planting and reaping seasons, the Infant Mortality rates always show an upward trend. During these seasons, the women work in the fields and leave their young children in charge of an old relation or an elder child: the infants and small children's nutritional standard accordingly drops and the infant mortality rate rises.

38. *Infant Welfare and Maternity League.*—The Infant Welfare and Maternity League continued its good work for the welfare of infants and expectant mothers throughout the Colony during the period under review at its 92 clinic centres in the Rural Districts.



There were 20 fully qualified Health Visitors (Government Officers) and 46 League Subsidized Midwives working throughout the Country Districts of the Colony.

The usual quarterly meetings of the Central Committee or the League were held in the Medical Department Headquarters to receive and discuss reports of its officers. There are 42 local committees scattered throughout the Colony.

During the first week of October (3rd—9th) 1954, a Baby Week Campaign was held throughout the Colony to propagate health education for this section of the community. Forty district committees organised "Child Welfare Exhibitions" in the various rural areas. Lectures, demonstrations, film shows and Baby Competitions were held at each centre.

The Baby Competitions were colony wide—from the winners of the local competitions, the county winners were judged (2 for each county). The county winners were judged at the Final Colony Baby Competition for the two Colony Prizes. The prizes—two Gold Medals—were graciously presented by Lady Savage, wife of the Governor, His Excellency, Sir Alfred Savage, K.C.M.G.

The following Table gives the statistics of the number of clinics, attendances of children and mothers and the number of live births, still births, infant and maternal deaths recorded during the year, along with the statistics for 1952 and 1953—

TABLE VIII.

*Maternal and Infant Welfare Statistics.*

Year	No. of Clinics	Child Attendances	Mother Attendances
1952	1,643	35,654	18,571
1953	1,656	33,882	19,673
1954	1,749	37,448	22,631

Year	Live Births	Still Births	Infant Deaths	Maternal Deaths
1952	3,918	104	65	6
1953	4,333	132	64	8
1954	4,397	101	55	6

Of the total attendances of 37,448 children at clinics, 27,467 were under one year and 9,981 over one year.

39. *Port Health Activities.*—During the period under review, 1,719 vessels were inspected for nuisances which were abated on verbal instructions. No cases were quarantined during the period.

No travellers from infected ports were placed under surveillance. 2,030 rats were destroyed by poison (*Sorex*). 1 ship was fumigated against rats and vermin and was granted a deratisation certificate.

14 ships were granted deratisation exemption certificates.

A rat destruction campaign was continued during the year with a rodenticide (*Sorex*) and the following species of rats were destroyed:—



(i)	R. norvegicus on Government-owned land	.....	.....	533
(ii)	R. rattus on Government-owned land	.....	.....	487
(iii)	M. Musculus on Government-owned land	.....	.....	191
(iv)	R. norvegicus on Ships	.....	.....	2
(v)	R. rattus on Ships	.....	.....	1

594 aircraft arrived in the Colony leaving 5,795 passengers.

Owing to an outbreak of Yellow Fever in Trinidad early in the year instructions were issued by the Quarantine Authority of this Colony that all persons arriving from Trinidad must be in possession of a valid Yellow Fever Vaccination Certificate.

40. Comparative statistics for the total vessels boarded during the past three years are given in Table IX:—

TABLE IX.

	1952	1953	1954
Vessels of all Types	935	658	963
Ocean-going Steamers	875	865	756

41. *Mosquito Control Service*.—As in more recent years epidemiological investigations revealed that positive cases of *Malaria* originated from remote riverain areas. The origin of two cases of *Malaria* one reported from Georgetown City and the other from the Upper Mazaruni Amerindian Reservation was traced to a 'backdam' mining camp on the Mazaruni River which, because of its remoteness, had escaped the routine residual DDT river programme.

At the Old World Mines, in the Barama River headwaters, where hyperendemic malaria rates were recorded in July 1953, satisfactory reduction in spleen and parasite rates (from 75.0 and 46.1 to 22.2 and 7.4 respectively) was observed after one year, during which two residual DDT applications had been made. Intensive mosquito search in July 1954 yielded only 3 larvae of *A. darlingi*.

Routine entomological check surveys on the coastlands involving band and "flit" captures in 6,236 and 2,115 houses respectively yielded 149,502 adult mosquitoes (*C. fatigans* predominating) without a single specimen of *A. darlingi*, while all of the 5,026 anopheles larvae collected were identified as *A. aquasalis* or *A. albitarsis*.

One important and potentially significant finding during the year, however, was the collection by Dr. L. J. Charles of *Anopheles (Kertessia) bellator* breeding in a total of six bromeliads (referred to Kew Gardens for species identification) and in *BROCCCHINIA MICRANTHA*. This 'overhead breeding' *anopheles* species not hitherto recorded in British Guiana, was encountered in two widely removed and sparsely populated localities in (a) the middle Barima River, North West District and (b) along the approaches to and atop the Kaieteurian escarpment.

Although further observations are required to define more fully the distribution of this potential malaria vector in the Colony's forested hinterland, there are at present no firm indications that it is an active vector locally. Thus, in the Barima River location, previously an *A. darlingi* area now under DDT control thick blood smears taken on all of the 34 (largely Amerindian) residents, yielded only one positive—that from a 10-year boy with scanty *P. falciparum* rings. No splenic enlargement was found, in contrast to a 100.0 spleen rate (and parasite rate of 40.0) recorded among 8 children available for examination in 1951. Nevertheless, this newly uncovered *A. bellator* challenge constitutes an important factor for consideration in recent proposals for total malaria eradication on a continental basis mooted by WHO for the Americas.

42. *Yellow Fever*.—With recent report of an enzootic of Yellow Fever in the Southern area of Trinidad, B.W.I., some significance may probably attach to the finding by a malaria control party of two monkey skeletons on a forest



trail at Tamanwa in the Barama River head-waters during July, although no reports of unusual simian mortality were volunteered by or elicited from the residents of that locality. Records of Yellow Fever immunity survey for that area in 1947-48, however, showed 53.4 per cent positives and the Medical Officer for Amerindians then on tour in this district was alerted.

On the coastlands, *Aedes aegypti* remained largely under control, but the re-infestation of Georgetown reported in 1953 continued to reveal itself in unrelated patches in those sections of the city which were negative and left unsprayed at December, 1953. Thus, among 19,787 premises inspected by August, 1954, an *Aedes aegypti* house index of 1.14% was recorded necessitating residual DDT spraying of 4,807 infected and neighbouring premises. During August a concerted effort was made to inspect the entire city and 31 infested premises were again encountered in a small unsprayed zone which had been found "clean" in January. It is, therefore, proposed to complete the residual treatment of Georgetown. In the other areas of the coastal belt, no evidence of *Aedes aegypti* had been found among 4,255 premises inspected.

In contrast to experiences in Trinidad where combined residual and perifocal DDT applications have not apparently produced completely satisfactory control, or in neighbouring Dutch Guiana where *Aedes aegypti* resistance to DDT is being actively investigated, no difficulties have been encountered in *aegypti* control with single applications of DDT. It is anticipated that the scattered re-infestation in Georgetown city will be completely eradicated by early 1955.

A marked improvement in ship-borne *Ae. aegypti* from the Eastern Caribbean was observed during the year, attributable to the P.A.S.B.—U.N.I.C.E.F. sponsored Insect Control Programme in the Caribbean, for, of 149 schooner arrivals at Port Georgetown during the year, only one was found positive with *Aedes aegypti*.

43. *Filariasis*—Filaria Surveys were carried out at the two unsewered suburban areas of Kitty and La Penitence on the north-eastern and southern boundaries of the City of Georgetown respectively, with a view to determining the overall incidence of Filariasis. After due notification to the householders, the houses were visited during the hours of 9.30—11 p.m. and 1 ccm. of blood from each subject was smeared for microscopic examination. Giemsa stain was then employed and micro-filaria counts were made on all positive smears.

At Kitty, with 1,904 premises and a population of 8,201 (4,687 adults and 3,514 children) a total of 500 samples of all ages was examined and 36 of them (15 adults and 21 children) were found to be infected with micro-filaria. None of these positive cases had any past history of filariasis.

At La Penitence with 547 premises and a population of 2,831 (1,657 adults and 1,174 children) a similar total of 500 persons of all ages was examined and 33 adults and 13 children were found infected with micro-filaria: 11 were subjects of past 'clinical' history of filariasis (all adults), while the remaining 35 did not show any evidence of filaria.

*Culex Fatigans Control*—The great hope entertained for controlling and probably eradicating the filaria vector *Culex fatigans* with Dieldrin, as a result of the success of field experiments with this insecticide at Fort Island, has waned, in view of recent expert opinion that this insecticide stimulates the production of resistant strains to both DDT and BHC. The projected field trials on the Coastlands involving further application of Dieldrin have been postponed indefinitely, and the spraying of premises at Fort Island has been discontinued until further expert advice on this insecticide is available.

## VII. CENTRAL MEDICAL and BRANCH LABORATORIES:

44. During the year, the Medical Laboratory Service carried out 111,437 examinations. This compares favourably with the figure of 106,594 for 1953.

The practice of Medicine is becoming more and more dependent on the Laboratory and it is necessary for the laboratory to be able to deal with all reasonable requests.

The Medical Laboratory Service deals with Public Health Pathology, Clinical Pathology and Forensic Pathology. During the past ten years, many laboratory examinations have become more elaborate and more time consuming. To give a few examples: In the isolation of *E. typhi*, it is necessary to use various selective media. In the treatment of syphilis, quantitative Kahn Tests are required. The doctor not only requests a cultural examination of pus. but desires sensitivity tests to the organisms.

To deal with the increase in work, more staff and more equipment and supplies will be required and it is proposed that this increase be spread over a period of three or four years.

The post of Pathologist and Bacteriologist which was created during the year will prove of very great value to the growing Laboratory Service.

A total of 1,281 samples of water from the water supply of the city of Georgetown and elsewhere was examined. The results of the examination of the city supply have been satisfactory.

The Laboratory produced 25,000 ml. of T.A.B. Vaccine for distribution in the Colony and to some neighbouring Colonies.

45. The work performed by all laboratories in the Colony is shown in Table X—

TABLE X.

	1952	1953	1954
Central Medical Laboratory .....	78,126	76,846	84,685
Laboratory, P.H. Georgetown .....	6,546	7,844	7,570
do. Best Sanatorium .....	6,074	4,497	6,281
do. P.H. Berbice .....	2,651	3,754	7,240
do. P.H. Suddie .....	1,345	1,333	2,013
do. Leprosy Hospital .....	7,853	7,650	3,444
do. Bartica Hospital .....	1,703	4,670	204
do. Mabaruma Hospital .....	—	—	—
<b>TOTAL</b> .....	<b>104,298</b>	<b>106,594</b>	<b>111,437</b>

46. *Blood Transfusion Service*—The number of patients who received one pint of blood was 581 whilst the number who received more than one pint was 210.

#### VIII. HOSPITALS, DISPENSARIES AND DISTRICT MEDICAL SERVICES:

47. It is extremely worrying to the Medical Department that few of the major and minor improvements to Medical Institutions in the Colony which it has recommended for a considerable period have commenced. Most of these improvements are absolutely essential and are of an urgent nature e.g. the removal of the Central Medical Store from under the Surgical Wards to a new building. There has been a great deal of talk in recent years by the medical profession, the public and the press about 'floor beds' at the Public Hospitals, with chief reference to the Georgetown Hospital. The favourite solution to this problem of overcrowding of the wards is to increase the number of beds and enlarge the hospital. This, however, is very far from the proper solution. It should be remembered that there are 696 beds at the Public Hospital and about 126 at the St. Joseph's Mercy Hospital (a private institution)—that is a total of 822 in Georgetown. The estimated population of Greater Georgetown is about 100,000. If these figures are compared to those of Port-of-Spain with its population of over 135,000 and a hospital bed strength of 500, it will be realised that the Public Hospital, Georgetown, is amply big.

The solution to the overcrowding is—

(a) Proper division of the present huge barnlike wards:

(b) Erection of more country hospitals where minor cases can be treated:



(c) The filling of the vacancies in the hospital medical staff—recently accomplished—so that the wards are properly staffed:

(d) More efficient internal hospital administration which is dependent on (a) (c).

Besides Government Institutions which provide a total of 2,263 beds or 5.07 Government beds per 1,000 of the population, there are also four private hospitals and twelve Estate Hospitals which supply another 850 or more beds. The Colony is not unsatisfactorily supplied with hospitals beds.

#### 48. *PUBLIC HOSPITAL, GEORGETOWN* (696 beds)—

There were 520 patients at the beginning of the year. 16,886 patients were admitted for treatment. Of this number 7,301 were discharged cured: 7,543 were relieved: 3,949 were not relieved: 991 died. The daily average number of in-patients was 657 and the average stay in hospital 9.6 days.

There were 74,752 attendances at the Out-patient Department which is a considerable increase on the previous year. 173,591 prescriptions were dispensed in that department.

6,344 surgical operations were performed of which 4,424 were majors.

Cases of Enteric Fever treated numbered 249 with 25 deaths or a fatality rate of 10.

In the *X-Ray Department* 12,562 patients were examined. At the end of the year a Radiologist was found to fill the long vacant post.

In the Physiotherapy section, a total of 10,005 patients were treated.

*Ophthalmic Department:* 19,706 out-patients and 834 in-patients were seen in this department and 1,077 operations were performed, as compared with 14,694 out-patients and 955 operations performed in 1953. Visits to district hospitals were also paid by the Ophthalmologist during the period.

*Ear, Nose and Throat Department:* 11,615 out-patients and 462 in-patients were treated and 290 operations carried out during the year.

*Dental Department:* 16,018 patients were treated. Amongst this number were 22,657 extractions, 145 fillings and 22 fractures.

Dental treatment was also given at District Hospitals and other Government Institutions.

The Male Tuberculosis patients in Ward 7 were evacuated to the Best Hospital and this ward has been altered and will be used as a new Ophthalmic Ward. It is proposed no longer to admit cases of Tuberculosis to the Public Hospital, Georgetown, except a limited number of cases acutely ill and these only during the acute stage of their illness.

The new sanitary annex for the Medical Wards was completed at the end of the year.

The equipment throughout the hospital is being steadily improved.

The Ambulance Service was handed over to the Georgetown Fire Brigade Department and this arrangement has proved to be quite satisfactory.

#### 49. *PUBLIC HOSPITAL, BERBICE* (230 beds)—

A total of 5,061 patients was admitted to this hospital of whom 307 died. The daily average number of in-patients was 148 and the average stay in hospital 9 days.

Due to the efficiency and keenness of the recently appointed Resident Surgeon, the previous usage of "floor beds" in the wards was proved entirely unnecessary.

The new wing which had recently been used as a barracks by the British Troops was vacated, re-decorated and occupied by patients in November.

The Operation Theatre Block was completely renovated during the year and many other improvements in the Hospital and grounds were introduced.

A building to be used as the new Nurses' Hostel opposite the Hospital was purchased and renovated.

A qualified Sister Tutor was appointed to this Hospital late in the year. This is the first time such an appointment has been made at this Hospital.

This Institution and its staff have recently improved to a considerable extent due as previously stated to the keenness of the Resident Surgeon.

50. Table XI shows the number of beds, in-patients, deaths and out-patients at the Public Hospitals—

TABLE XI

<i>Hospital</i>	<i>No. of Beds</i>	<i>In- Patients</i>	<i>Deaths</i>	<i>Out- Patients</i>
Georgetown	696	16,886	991	74,752
Berbice	230	5,061	207	28,942
Suddie	94	2,898	103	3,176
Bartica	40	1,222	43	5,685
Mabaruma	30	932	15	2,521
<b>TOTAL</b>	<b>1,090</b>	<b>26,999</b>	<b>1,459</b>	<b>134,076</b>

51. *Special Hospitals*—There are three special hospitals in the Colony:—

(i) *Best Tuberculosis Hospital* (190 beds) — The work of which has already been mentioned under paragraph 19.

(ii) *Mahaica Leprosarium*—A total of 23 new cases was admitted, whilst 49 were discharged on parole. 9 deaths were reported in the Institution during the period under review. 9 births occurred and 35 surgical operations were performed, whilst 198 X-ray examinations were carried out for various causes.

The Revised Leprosy Ordinance which was submitted by the Medical Department in 1953, is still under consideration.

During the year, the new Mess Hall and Kitchen and the new Cinema at this Institution were completed.

(iii) *MENTAL HOSPITAL* (545 beds) — The year began with 636 patients in hospital. During the year 229 were admitted: 169 discharged and 35 died.

The number of discharges and admissions was the highest ever recorded in the history of the hospital and the number of deaths was the lowest ever known.

The introduction of the high vitamin diet into the diet scale has greatly assisted in keeping the patients in a better state of health.

The chief forms of mental diseases admitted were Schizophrenia, Paranoid state, Manic Depressive, Toxic Psychosis.

The chief forms of physical diseases encountered were Influenza and Dysentery.

The principal methods of treatment employed were Electro-Convulsion Therapy, Continued Narcosis, Abreactive Methods, Sedation and Occupational Therapy.

Reconstruction of the Victoria Block was completed during the year.

52. *DISPENSARY SERVICE*.—The *Mobile River Dispensary* Service with its eight motor launches carried on as in previous years its work on the rivers. It was unfortunately not possible to open up the proposed new service



on the Lower Demerara River between Clemwood and Craig, but the extended service in the North West to the smaller branches of the River where the large dispensary boat was formerly unable to reach was instituted.

It was also not possible to rebuild the Dispensary at Supenaam which had been proposed.

The 17 *Government Rural Dispensaries* provided treatment for the rural population.

Though it was not a part of the Venn Scheme, the Sugar Producers' Association now supplies its workers on most of the Estates with its own Medical Officers.

At No. 1 Dispensary in Georgetown 13,880 new cases were seen and there was a total attendance of 32,988. Government has been given notice to leave this dispensary building and has made arrangements to move to another.

Though the new building is greatly superior to the old in every way, the rent demanded from Government is \$250:- per month (£625 p.a.). It is therefore essential that Government erect at the earliest moment a new Modern Health Centre and Dispensary in Georgetown.

An additional Medical Officer was made available to this dispensary during the year.

53. *Mobile Dental Service* — This service continued during the year to perform its valuable work supplying the dental needs of children, expectant and nursing mothers, the aged and acute dental cases in rural areas.

Lectures on oral hygiene were delivered by the Dental Officers in the areas they visit. It was not possible to embark on any large scale programme of conservative work for children. This is due to the large number of children who have to be examined and treated and secondly to the condition of the teeth of many of the children being such that the only possible treatment is extraction.

54. The following Table shows the amount of work done by the Dental Units —

TABLE XII

					Demerara	Berbice
Children examined	.....	.....	.....	.....	8,096	6,789
Clinic mothers treated	.....	.....	.....	.....	562	118
Total extractions	.....	.....	.....	.....	12,309	12,917
Total fillings	.....	.....	.....	.....	251	353
Acute cases — Paupers and aged persons — treated	.....	.....	.....	.....	325	2,012

It was not possible during the year to obtain the services of an extra Government Dental Officer to work in the Interior amongst the Amerindian population.

55. *Medical Service — Amerindians* — The policy of training Amerindian girls in Midwifery for service among Amerindians continued. Three such Amerindian girls completed their training. One has been posted to Acquero-Moruca, one to Lethem and the third to Kamarang Mouth.

Measles entered the Upper Mazaruni Reservation from Venezuela in 1953 and the epidemic did not die away until the end of the first quarter of 1954. 8 deaths from this disease were reported.

The Pan American Sanitary Bureau advised that the indigenous population of the Guiana hinterland be protected against Yellow Fever 2,585 Yellow Fever inoculations were given on the Rupununi Savannas.

56. Four positive slides were obtained from Wakapau Indians (Pomeroon) who had been working for the San Francis Metals Company at Oko Creek on



the Cuyuni River. Prophylactic anti-malarial drugs were issued subsequently to employees by the Company as routine spraying was not possible.

57. The only frank signs of avitaminosis were found in the children of Aishelton Village, South Rupununi Savannahs' (Wapishiana Tribe). Here many cases of 'angular stomatitis' were seen: it is difficult to account for this high incidence in an otherwise healthy community. The UNICEF Milk Scheme was operating successfully in all schools on the Rupununi Savannahs.

Dr. C. R. Jones reports that low haemoglobin levels were found amongst the Caribs of the Barama River and the Wai-Wais at the Essequibo headwaters. The reason for the anaemia amongst the Wai-Wais is the high endemicity of malaria. No evidence of malaria was found amongst the Caribs and their low haemoglobin levels can be attributed to poor nutrition and heavy intestinal worm infections.

58. It is much regretted that Dr. C. R. Jones who has worked so efficiently and energetically for the past six years amongst the Amerindian population of British Guiana will in all probability be leaving the Colony on transfer or promotion in 1955.

#### IX. BOARD OF EXAMINERS, CHEMISTS AND DRUGGISTS:

59. Seven meetings of the Board were held during the year. As from 1954, the Board agreed that the examinations should be held yearly. Six candidates presented themselves for the First Professional and sixteen for the Final Examinations held during May and November. Of these two were successful at the First Professional and six at the Final.

The Board gave approval during the year for the registration of twelve persons as Students in Pharmacy.

#### X. MEDICAL BOARD:

60. Three meetings of the Board were held during the year. The names of ten persons were added to the Medical Practitioners' Register. Of this number, nine were registered under the provisions of Section 25(b) of the Colonial Medical Service (Consolidation) Ordinance Cap. 186 and one was registered under the Provisions of the Medical Practitioners (Temporary Registration) Ordinance No. 24 of 1947.

Six persons were accorded provisional registration under the Medical Practitioners (Provisional Registration) Ordinance 1954—No. 8 of 1954.

No additions were made to the Registers of Dentists and Opticians during the year.

The following draft legislation was considered by the Board—

- (a) A Draft Dentists Ordinance.
- (b) A Draft Opticians Ordinance.

The Medical Practitioners (Provisional Registration) Ordinance which was considered in 1953, became law in April 1954.

#### XI: TRAINING OF AUXILIARY PERSONNEL:

61. As was the case last year, several local girls and young men applied and were accepted for nurse training under their own aegis in the United Kingdom during the year.

A scholarship was awarded for a three-year course for the Diploma in Hospital Administration.

A new course for the Royal Sanitary Institute examinations will be organised early in 1955 when it is proposed to increase the number of entrants as it is planned to enlarge the sanitary corps as soon as possible.

The following Table indicates the numbers in the various categories who completed training courses in Government Institutions during the year and were successful at the relevant examinations—

TABLE XIII

	<i>P.H. Georgetown</i>		<i>P.H. Berbice</i>		<i>TOTAL</i>	
	<i>1953</i>	<i>1954</i>	<i>1953</i>	<i>1954</i>	<i>1953</i>	<i>1954</i>
Nurses .. .. .	42	157	14	46	56	203
Sicknurses & Dispensers ..	5	9	1	—	6	9
Midwives .. .	11	14	5	6	16	20
Chemists & Druggists .. .	3	6	—	—	3	6

In addition, a number of Laboratory Technician Students underwent training in the Central Laboratory, Georgetown, but no examinations are held in this specialty.

## XII. LEGISLATION :

62. Legislation under the following heads was submitted during the year—

### A. Legislation that became law during the year:

- (i) Prabhatranjan Das Gupta (Disability Removal) Ordinance 1954 (No. 5 of 1954)—

To permit special registration of a Medical Practitioner.

- (ii) The Medical Practitioners' (Temporary Registration) (Extension) Ordinance 1954 (No. 6 of 1954).

- (iii) The Medical Practitioners' (Provisional Registration) (Extension) Ordinance 1954 (No. 8 of 1954)—

To permit the provisional registration of the Medical Internes.

- (iv) The Hospital Fees (Amendment) Regulations 1954 (No. 19 of 1954).

- (v) Antibiotics (Kemicetine) Order 1954 (No. 5 of 1954).

### B. Legislation prepared and submitted to Government, but not enacted up-to-date;

- (i) The Dental Board Ordinance—

To establish a Dental Board and vest with the Board all matters pertaining to the practice of Dentistry.

- (ii) The Opticians Ordinance—

Modernising the previous Ordinance particularly with a view to limiting practice to professionally qualified persons only.

- (iii) Medical District Fees Regulations—

To regulate the rate of medical fees to be paid by the Working Class.

- (iv) The Leprosy Ordinance and Regulations—

Modernising the existing Ordinance.

- (v) The Pharmacy and Poisons Ordinance—

Amending the existing Ordinance.

### C. Legislation connected with Public Health :

- (i) Burial Grounds (Amendment) Regulations 1954 (No. 4 of 1954).

- (ii) Order in Council made under Section 151A of the Public Health Ordinance No. 15 of 1934—(No. 40 of 1954).



Much useful work was done on the revision of the obsolete Public Health (Buildings) Regulations to bring them in line with those obtaining in more progressive countries and for this the Department is grateful for the advice and assistance of the United Kingdom's Housing Advisers and F.O.A. Housing Specialists who visited the Colony during the year.

### XIII. SCIENTIFIC PUBLICATIONS :

63. The following articles and reports were published or submitted by officers of the Medical Department during 1954—

Dr B. B. G. Nehaul, Senior Government Bacteriologist and Pathologist

1. Rabies (bat transmitted) in British Guiana.
2. Typhoid Fever (Epidemiology).
3. Filariasis in British Guiana.
4. Cancer in British Guiana.

### XIV. VISITORS:

64. Visits were paid to the Colony by—

(i) Dr. J. D. Glisman, Chief Field Officer for the Caribbean, World Health Organisation, in connection with the Anti-Tuberculosis and BCG Campaign:

(ii) Dr. C. Alvarado to obtain data for a report to WHO on Mosquito Control throughout the Americas:

(iii) Professor J. H. Richardson, Professor of Industrial Relations, Leeds University, to enquire into the Social Security of British Guiana and to make recommendations for its improvement:

(iv) Mr. A. E. Hickenbotham, Assistant Secretary Ministry of Housing and Local Government, London:

(v) Dr. Eustace Akwei, Medical Officer of Health, Accra, Gold Coast to the Mosquito Control Section of the Medical Department, British Guiana, as part of a WHO Fellowship:

(vi) Dr. Eugene P. Campbell, Chief of the Institute of Inter-American Affairs, Foreign Operations Administration.

(vii) Miss Dora Ibberson, C.B.E., Social Welfare Adviser to the Comptroller of Development and Welfare in the West Indies:

(viii) In August, Dr. G. A. Clark, Chairman of the Medical Enquiry Committee arrived in the Colony to commence his task.

(ix) In October a visit of inspection was paid to the Colony by Dr. A. M. Wilson Rae, C.M.G., Assistant Senior Medical Officer of the Colonial Office.

L. A. P. SLINGER,  
Director of Medical Services.

Hon. Member for Labour,  
Health and Housing,  
Ministerial Building,  
Georgetown.

## APPENDIX I.

(i) *MEDICAL ESTABLISHMENT :*

The authorised Medical Establishment is as follows:—

- 1 Director of Medical Services
- 2 Assistant Directors of Medical Services
  - (a) Health
  - (b) Curative
- 1 Surgeon Specialist, Public Hospital, Georgetown
- 2 Surgeons
- 1 Senior Physician, Public Hospital, Georgetown
- 1 Physician
- 1 Medical Superintendent, Mental Hospital
- 1 Medical Superintendent, Leprosy Hospital
- 1 Ophthalmologist
- 1 Surgeon, Ear, Nose and Throat
- 1 Venereal Diseases Officer and Dermacologist
- 1 Senior Tuberculosis Officer
- 1 Tuberculosis Officer
- 3 Health Officers
- 1 Registrar, Public Hospital, Georgetown
- 1 Chief Officer, Mosquito Control Service
- 1 School Medical Officer
- 1 Anaesthetist
- 4 Dental Surgeons
- 1 Senior Government Bacteriologist and Pathologist
- 1 Bacteriologist and Pathologist
- 1 Radiologist
- 41 Medical Officers (including 4 Supernumerary)

(ii) *NEW APPOINTMENTS :*

Dr. A. B. DaCosta, M.R.C.P.	— Senior Physician, Public Hospital, Georgetown. 13th July, 1954.
Mr. N. N. S. Grewal, F.R.C.S.	— Surgeon, Public Hospital, Berbice. 14th June, 1954.
Dr. F. M. W. Williams, M.R.C.P.	— Physician, 1st July, 1954.
Mr. N. P. St. C. Stracy, F.R.C.S.	— Surgeon, Public Hospital, Berbice. 16th December, 1954.
Dr. N. A. Nobbs	— Tuberculosis Officer—1st August, 1954.
Dr. I. N. Luck	— Registrar, Public Hospital, Georgetown—1st November, 1953.
Dr. L. C. Luck	— Anaesthetist— 7th February, 1954.
Dr. A. G. E. Fung-a-Fat	— Government Medical Officer— 15th April, 1954.
Dr. M. S. Alli-Shaw	— Government Medical Officer— 15th August, 1954.
Dr. R. Kachan	— Government Medical Officer— 9th August, 1954.
Dr. K. N. Wray	— Dental Surgeon, P.H. Georgetown— 15th May, 1954, on 2 years pro- bation.



(III) *VACANCIES:**Specialist Posts*

- 1 Medical Superintendent, Mental Hospital
- 1 Medical Superintendent, Leprosy Hospital
- 1 Venereal Diseases Officer
- 2 Health Officers
- 1 Radiologist

and

A varying number of General Duty Medical Officer Posts.

(iv) *ACTING APPOINTMENTS:*

- |  |  |
|--|--|
| Dr. C. R. Subryan, Assistant<br>Director of Medical Services<br>(Health)   | — Director of Medical Services—<br>(30th September—31st December,<br>1954)   |
| Dr. C. C. Nicholson,<br>School Medical Officer   | — Assistant Director of Medical Services<br>(Health)—(18th January — 14th<br>August, 1954: and 30th September<br>—31st December, 1954)       |
| Dr. B. N. S. Gillette,<br>Government Medical Officer   | — Resident Surgeon, Public Hospital,<br>Berbice—(January—February)   |
| Dr. R. Singh,<br>Government Medical Officer  | — Medical Superintendent, Mental<br>Hospital—(May—December)  |
| Dr. J. J. Talbot,<br>Government Medical Officer  | — Medical Superintendent, Leprosy<br>Hospital—(January—July)   |
| Dr. R. C. Nauth-Misir,<br>Government Medical Officer   | — Venereal Diseases Officer<br>(January—December)  |
| Dr. E. R. Asregadoo,<br>Government Medical Officer,<br>Public Hospital, Georgetown   | — Government Medical Officer,<br>Public Hospital, Berbice<br>(February—November)   |
| Dr. F. E. B. Wills,<br>Resident Surgeon,<br>Public Hospital, Bartica   | — Resident Surgeon,<br>Public Hospital, Berbice<br>(February—April)  |
| Dr. K. B. Bender,<br>Government Medical Officer,<br>Public Hospital, Georgetown  | — Resident Surgeon,<br>Public Hospital, Bartica<br>(February—April)  |
| Dr. H. M. Hugh, Resident<br>Surgeon, Public Hospital,<br>Suddie  | — Resident Surgeon, Public Hospital,<br>Berbice—(April—June)   |
| Dr. D. P. Wailling, O.B.E.,<br>Acting Assistant Resident<br>Surgeon, Public Hospital,<br>Suddie and Government<br>Medical Officer, Anna Regina | — Resident Surgeon,<br>Public Hospital, Suddie<br>(April—June)<br>(August—December)  |
| Dr. S. O. Too-Kong,<br>Government Medical Officer,<br>Public Hospital, Georgetown  | — Assistant Resident Surgeon,<br>Public Hospital, Suddie and<br>Government Medical Officer,<br>Anna Regina (April—June)<br>(August—December) |

Mr. N. N. S. Grewal, F.R.C.S. Resident Surgeon, Public Hospital, Berbice	— Surgeon Specialist, Public Hospital, Georgetown (17th—31st December)
Dr. I. N. Luck, Registrar, Public Hospital, Georgetown	— Surgeon, Public Hospital, Georgetown (April—18th December)
Dr. I. N. Luck, Acting Surgeon, Public Hospital, Georgetown	— Resident Surgeon, Public Hospital, Berbice—(19th—31st December)
Dr. K. N. Wray, Private Dental Practitioner	— Dental Surgeon (Part-time) (January—May)
Dr. C. N. De Souza, Private Medical Practitioner	— Government Medical Officer (Part-time) (November—December)

(v) *GRANTED STUDY LEAVE:*

Dr. S. I. Fung, Medical Officer	— March—December
Dr. H. M. Hugh, Medical Officer	— September—December
Dr. L. C. Luck, Medical Officer	— January 1954
Dr. K. N. H. Low, Medical Officer	— Throughout the year
Dr. Balwant Singh, Medical Officer	— Throughout the year
Dr. N. A. Nobbs, Medical Officer	— January—September
Dr. G. J. Nicholas Medical Officer	— January—July

(vi) *GRANTED VACATION LEAVE:*

Dr. B. N. S. Gillette, Medical Officer	— March—December
Dr. C. R. Subryan, Assistant Director of Medical Services (Health)	— January—August
Dr. R. Singh, Government Medical Officer	— January to May
Dr. L. H. Wharton, M.B.E., Medical Superintendent, Leprosy Hospital	— July to December
Dr. M. Rucinski, Government Medical Officer	— February to September
Dr. L. A. P. Slinger, O.B.E. Director of Medical Services	— October to December.



(vii) *CONTRACT RENEWED AFTER VACATION LEAVE ON  
TERMINATION OF CONTRACT:*

Dr. M. Rucinski, — September 1954  
Government Medical Officer

(viii) *RETIRED OFFICER RE-ENGAGED:*

Dr. L. P. Greson, — Throughout the year  
Government Medical Officer

Dr. D. P. Wailling, O.B.E. — Throughout the year

(ix) *RETIRED:*

Nil.

## APPENDIX II

*Return of Diseases Notified—From all Sources*

1953—1954.

				<i>Number of Cases Reported</i>	
				<i>1953</i>	<i>1954</i>
Acute Poliomyelitis	.....	.....	.....	2	3
Cerebral Spinal Meningitis	.....	.....	.....	6	8
Chicken Pox	.....	.....	.....	65	345
Diphtheria	.....	.....	.....	33	47
Erysipelas	.....	.....	.....	—	3
Measles	.....	.....	.....	778	59
Ophthalmia Neonatorum	.....	.....	.....	6	7
Puerperal Fever	.....	.....	.....	4	1
Tuberculosis	.....	.....	.....	109	110
Enteric Fever	.....	.....	.....	682	613
Amoebic Dysentery	.....	.....	.....	389	276
Bacillary Dysentery	.....	.....	.....	20	30
Influenza	.....	.....	.....	946	570
Pneumonia	.....	.....	.....	287	358
Malaria	.....	.....	.....	83	31



## PUBLIC HOSPITALS ANNUAL MEDICAL STATISTICAL RETURN FOR THE YEAR 1954.

Inter-mediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
			I.P.			I.P.			I.P.			I.P.			I.P.			I.P.			I.P.		
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
A 1	001-008	Tuberculosis of respiratory system ..	173	24	—	39	16	—	13	4	—	3	—	—	14	1	20	—	—	—	242	45	20
A 2	010	Tuberculosis of meninges ..	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	—
A 3	011	Tuberculosis of central nervous system ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
A 4	012, 013	Tuberculosis of intestines, peritoneum and mesenteric glands ..	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 5	014-019	Tuberculosis of bones and joints ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 6	020	Tuberculosis, all other forms ..	32	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	33	—	—
A 7	021	Congenital syphilis ..	9	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	—	16
A 8	024	Early syphilis ..	—	—	81	13	—	—	1	—	—	6	—	—	63	—	234	—	—	—	83	—	315
A 9	025	Tabes dorsalis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 10	022, 023	General paralysis of insane ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 11	026-029	All other syphilis ..	57	2	138	11	1	—	19	—	—	5	—	—	94	—	110	—	—	—	186	3	248
A 12	030-035	Gonococcal infections ..	27	—	31	24	—	—	122	1	—	6	—	—	31	—	29	—	—	—	88	—	60
A 13	040	Typhoid fever ..	249	25	—	163	14	—	—	—	—	11	2	—	—	—	—	—	—	—	545	42	—
A 14	041, 042	Paratyphoid fever and other Salmonella infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 15	043	Cholera ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 16 (a)	044	Brucellosis (undulant fever) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 16 (b)	045	Bacillary dysentery ..	—	—	—	3	1	—	—	—	—	3	—	—	—	—	—	—	—	—	6	1	—
A 16 (c)	046	Amoebiasis ..	18	4	—	10	—	—	—	—	—	6	—	—	—	—	—	—	—	—	34	4	—
A 17	047, 048	Other unspecified forms of dysentery ..	60	8	404	1	—	—	20	—	4	17	—	—	5	1	—	—	—	—	103	9	408
A 18	050	Scarlet fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 19	051	Streptococcal sore throat ..	—	—	102	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	102
A 20	052	Erysipelas ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 21	053	Septicaemia and pyaemia ..	22	6	—	5	3	—	5	1	—	—	—	—	—	—	—	—	—	—	27	9	—
A 22	055	Diphtheria ..	27	3	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	34	5	—
A 23	056	Whooping cough ..	15	—	321	—	—	—	—	—	—	—	—	—	20	—	33	—	—	—	20	—	354
A 24	057	Meningococcal infections ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	15	—	—
A 25	058	Plague ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 26	060	Leprosy ..	18	8	—	—	—	—	—	—	—	2	1	—	3	—	—	—	—	—	1	—	—
A 27	061	Tetanus ..	—	—	—	16	4	—	—	—	—	—	—	—	—	—	—	—	—	—	39	13	—
A 28	062	Anthrax ..	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
A 29	080	Acute poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	082	Acute infectious encephalitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Carried Forward ..	710	80	1093	289	40	—	181	6	4	62	4	—	230	2	426	—	—	—	1472	132	1523

Note:— I.P. — In-patients: O.P. — Out-patients:

C. — Cases: D. — Deaths.

## APPENDIX III.—(Contd.)

Inter- mediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
			I.P.			I.P.			I.P.			I.P.			I.P.			I.P.			I.P.		
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
A 30	081, 083	Brought Forward ..	710	80	1093	289	40	—	181	6	4	62	4	—	230	2	428	—	—	—	1472	132	1523
		Late effects of acute poliomyelitis and acute infectious encephalitis..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 31	084	Small pox ..	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
A 32	085	Measles ..	—	—	148	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
A 33	091	Yellow Fever ..	—	—	—	—	—	—	—	—	—	6	—	—	17	—	14	—	—	—	23	—	164
A 34	092	Infectious hepatitis ..	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 35	094	Rabies ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	9	—	—	—
A 36 (a)	100	Louse-borne epidemic typhus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	101	Flea-borne endemic typhus (murine) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c)	104	Tick-borne epidemic typhus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d)	105	Mite-borne typhus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e)	102, 103	Other and unspecified typhus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 37 (a)	106-108	Vivax malaria (Benign tertian) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	110	Malariae malaria (quartan) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c)	112	Falciparum malaria (Malignant tertian) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d)	115	Blackwater fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e)	113, 114	Other and unspecified forms of malaria ..	3	—	—	2	—	—	—	—	—	12	—	—	14	—	—	—	—	—	31	—	—
A 38 (a)	116, 117	Schistosomiasis vesical (S. haematobium) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	123.1	Schistosomiasis intestinal (S. mansoni) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c)	123.2	Schistosomiasis pulmonary (S. japonicum) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d)	123.3	Other and unspecified schistosomiasis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 39	125	Hydatid disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 40 (a)	127	Onchocerciasis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)		Loiasis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c)		Filariasis (bancrofti) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d)	129	Other Filariasis ..	62	—	1034	25	1	—	15	—	3	27	—	—	—	—	—	—	—	—	129	1	1037
A 41	126	Ankylostomiasis ..	22	—	20	6	—	—	19	—	—	25	1	—	11	—	143	—	—	—	83	1	165
A 42 (a)		Tapeworm (infestation) and other cestode infestations ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	130.0	Ascariasis ..	—	—	—	—	—	—	1	—	—	5	—	—	—	—	—	—	—	—	1	—	—
(c)	130.3	Guinea worm (dracunculosis) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Carried Forward ..	797	80	2295	332	41	—	217	6	9	137	5	—	272	2	583	—	—	—	1755	134	2989



Inter- mediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
			I.P.			I.P.			I.P.			I.P.			I.P.			I.P.			I.P.		
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
(d) A 43 (a)	124, 128 130.1, 130.2 037	Brought Forward ..	797	80	2295	332	41	—	217	6	9	137	5	—	272	2	583	—	—	2	1755	134	2889
		Other diseases due to helminths ..	—	—	82	12	—	—	—	—	—	—	—	—	—	—	—	—	—	35	12	—	117
		Lymphogranuloma venereum ..	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
		Granuloma inguinale, venereal ..	9	—	—	3	—	—	—	—	—	4	—	—	—	—	—	—	—	—	16	—	—
(b)	038	Other and unspecified venereal diseases ..	37	—	21	21	—	—	1	—	4	—	—	—	34	—	63	—	—	—	93	—	88
(c)	039	Food poisoning infection and intoxication ..	35	—	479	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	37	—	479
(d)	049	Relapsing fever ..	—	—	490	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	490
(e)	071	Leptospirosis ictero- haemorrhagica (Weil's disease) ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f)	072	Yaws ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(g)	073	Chickenpox ..	23	—	155	2	—	—	3	—	—	1	—	—	—	—	14	—	—	—	4	—	14
(h)	087	Dengue ..	—	—	—	—	—	—	13	—	—	9	—	—	—	—	5	—	—	—	56	—	160
(i)	090	Trachoma ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(j)	095	Sandfly fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(k)	096.7	Leishmaniasis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(l)	120	Trypanosomiasis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(m)	121 (a)	Trypanosomiasis gambiensis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	(b)	Trypanosomiasis rhodesiensis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	(c)	Other and unspecified Trypanosomiasis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(n)	131	Dermatophytosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(o)	135	Scabies ..	—	—	—	1	—	—	1	—	—	1	—	—	25	—	76	—	—	—	28	—	76
(p)	036, 054, 059, 063, 064, 070, 074, 086, 088, 089, 093, 096.1- 096.6, 096.8	All other diseases classi- fied as infective and parasitic ..	180	22	995	8	—	—	6	—	—	—	—	—	—	—	—	—	—	—	194	22	995
A 44	096.9, 122 132-134 136-138 140-148	Malignant neoplasm of buccal cavity and pharynx ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 45	150	Malignant neoplasm of oesophagus ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 46	151	Malignant neoplasm of stomach ..	41	4	—	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	44	5	—
		Carried Forward ..	1122	106	4517	386	42	—	242	6	13	152	5	—	340	2	741	—	—	37	2242	161	5308





Inter-mediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL		
			I.P.	D.	O.P.	I.P.	D.	O.P.	I.P.	D.	O.P.	I.P.	D.	O.P.	I.P.	D.	O.P.	I.P.	D.	O.P.	I.P.	D.	O.P.
A 62	252	Brought Forward ..	1343	133	4523	551	53	—	254	6	13	156	6	—	340	2	741	—	—	37	2644	200	5314
A 63	260	Thyrototoxicosis with or without goiter ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 64	280	Diabetes mellitus ..	177	18	1005	35	3	—	45	1	3	9	—	—	5	—	7	—	—	—	271	22	1015
(a)	281	Beriberi ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b)	282	Pellagra ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c)	283	Scurvy ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d)	283-286	Other deficiency states ..	540	78	1203	67	7	—	10	2	69	—	—	—	—	—	104	—	—	—	617	87	1381
A 65	290	Pernicious and other hyperchromic anaemias ..	—	—	86	7	1	—	—	1	—	5	—	—	10	—	—	—	—	—	22	2	86
(b)	291	Iron deficiency anaemias (hyperchromic) ..	—	—	2120	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	3	—	2120
(c)	292, 293	Other specified and unspecified anaemias ..	278	23	3250	40	6	—	113	4	—	23	2	—	17	1	38	—	—	—	471	36	3310
A 66	241	Asthma ..	72	3	1089	19	3	—	49	29	—	20	—	—	11	—	16	—	—	—	171	35	1110
(b)	240																						
	242-245	All other allergic disorders, endocrine, metabolic and blood diseases ..	202	—	955	—	—	—	23	11	—	9	—	—	—	—	—	—	—	—	234	11	955
A 67	300-309	Psychoses ..	—	—	—	10	—	—	—	—	—	5	—	—	—	—	—	—	—	—	15	—	—
A 68	310-324	Psychoneuroses and disorders of personality ..	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
A 69	325	Mental deficiency ..	136	3	17	4	—	—	11	—	—	1	—	—	—	—	—	—	—	—	152	3	17
A 70	330-334	Vascular lesions affecting central nervous system ..	40	6	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	40	6	7
A 71	340	Nonmeningococcal meningitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 72	345	Multiple sclerosis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 73	353	Epilepsy ..	—	—	40	2	—	—	—	—	—	3	—	—	—	—	—	—	—	—	5	—	40
A 74	370-379	Inflammatory diseases of eye ..	27	—	—	1	—	—	18	—	5	2	—	—	9	—	42	—	—	8	57	—	55
A 75	385	Cataract ..	313	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	1	314	—	2
A 76	387	Glaucoma ..	34	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	34	—	—
A 77	390	Otitis externa ..	94	—	300	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	35	—	300
(a)	391-393	Otitis media and mastoiditis ..	79	—	113	5	—	—	8	—	4	3	—	—	—	—	—	—	—	—	95	—	117
(b)	394	Other inflammatory diseases of ear ..	93	—	285	5	—	—	—	—	5	2	—	—	3	—	5	—	—	—	103	—	299
(c)	389	All other diseases and conditions of eye ..	525	—	127	7	—	—	14	—	4	10	—	—	—	—	9	—	—	—	556	—	140
A 78	380-384																						
(a)	386, 388																						
	389																						
		Carried Forward ..	3953	264	15125	756	73	—	546	54	104	252	8	—	395	3	1090	—	—	77	5902	402	16306

Inter- mediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kanakusa			TOTAL		
			I.P.			I.P.			I.P.			I.P.			I.P.			I.P.			I.P.		
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
(b)	341, 344 350-352 354-357 360-369 395-398 400-402 410-416	Brought Forward ..	3953	264	15125	756	73	—	546	54	104	252	8	—	395	3	1000	—	—	77	5902	402	16303
		All other diseases of nervous system and sense organs ..	905	49	2100	152	29	—	61	—	38	7	—	—	9	—	40	—	—	48	1134	78	2226
		Rheumatic fever ..	—	—	281	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	281
		Chronic rheumatic heart disease ..	—	—	408	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	408
		Arteriosclerotic and degenerative heart disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 79	420-422	Other diseases of heart ..	—	—	—	27	25	—	2	—	—	—	—	1	—	—	—	—	—	—	29	25	1
A 80		Hypertension with heart disease ..	414	69	381	133	28	—	75	30	24	21	3	—	6	2	46	—	—	28	649	132	479
A 81		Hypertension without mention of heart ..	64	28	620	6	—	—	—	—	—	5	1	—	4	—	11	—	—	11	79	29	642
A 82		Diseases of arteries ..	351	29	682	21	4	—	55	3	26	3	3	—	—	—	—	—	—	—	436	39	708
A 83		Other diseases of circulatory system ..	42	11	109	3	1	—	1	—	—	2	—	—	—	—	—	—	—	—	48	12	109
A 84	440-443	Acute upper respiratory infections ..	129	18	574	—	—	—	24	7	5	5	—	—	—	—	—	—	—	—	158	25	579
A 85		Influenza ..	—	—	627	55	—	—	2	—	14	7	—	—	—	—	—	—	—	—	64	—	641
A 86		Lobar pneumonia ..	33	—	2269	3	—	—	69	—	45	1	—	—	3	—	45	—	—	46	109	—	2405
A 87		Broncho-pneumonia ..	14	4	—	11	1	—	9	1	—	2	1	—	33	2	33	—	—	—	69	9	33
A 88		Primary atypical, other and unspecified pneumonia	122	28	—	66	13	—	33	6	—	22	1	—	20	3	46	—	—	—	263	51	46
A 92	500, 502	Acute bronchitis ..	23	7	—	15	5	—	40	—	—	3	1	—	12	2	—	—	—	—	93	15	—
A 93		Bronchitis, chronic and unqualified ..	60	4	430	25	—	—	20	—	3	70	—	—	8	—	29	—	—	—	183	4	462
A 94		Hypertrophy of tonsils and adenoids ..	302	18	597	91	3	—	97	2	19	20	2	—	23	—	24	—	—	185	533	25	825
A 95		Empyema and abscess of lung ..	59	—	151	33	—	—	8	—	3	—	—	—	—	—	—	—	—	3	100	—	157
A 96		Pleurisy ..	64	4	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	65	4	—
A 97	510, 521	Pneumoconiosis ..	20	2	—	3	—	—	8	—	—	6	—	—	—	—	—	—	—	—	43	2	—
(a)		All other respiratory diseases ..	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—
(b)		Dental Caries ..	202	39	726	69	1	—	17	—	105	15	1	—	17	—	62	—	—	247	320	41	1140
A 98		All other diseases of teeth and supporting structures ..	31	—	85	6	—	—	12	—	—	8	—	—	—	—	579	—	—	—	57	—	664
(b)		Ulcer of Stomach ..	472	—	30	2	—	—	—	—	—	2	—	—	—	—	38	—	—	—	476	—	68
A 99	540	Ulcer of duodenum ..	172	2	52	4	2	—	5	1	—	5	—	—	—	—	—	—	—	—	186	5	52
A 100		Gastritis and duodenitis ..	143	4	69	4	—	—	—	—	—	—	—	—	4	1	—	—	—	—	151	5	69
A 101		Appendicitis ..	92	10	95	—	—	—	22	—	4	9	—	—	—	—	—	—	—	—	123	10	99
A 102		Carried Forward ..	7972	594	25424	1525	185	—	1114	104	390	476	21	1	540	13	1953	—	—	645	11627	917	28413



Inter- mediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Maharuma			P.H. Kamakusa			TOTAL		
			I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.	I.P.		O.P.
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.
		Brought Forward ..	7972	594	25424	1525	185	—	1114	104	390	476	21	1	540	13	1553	—	—	645	11627	917	28413
A 103	560, 651	Intestinal obstruction																					
	570	and hernia ..	268	10	20	101	—	—	29	—	—	25	1	—	4	—	—	—	—	—	427	11	20
A 104 (a)	571.0	Gastroenteritis and																					
		colitis between 4 weeks	171	22	372	20	2	—	20	2	1	8	1	—	8	—	—	—	—	—	227	27	373
(b)	571.1	and 2 years ..																					
		Gastro-enteritis and	43	6	193	97	6	—	2	—	—	9	—	—	2	—	—	—	—	—	153	12	193
		colitis, ages 2 years																					
(c)	572	and over ..																					
		Chronic enteritis and	—	—	—	4	—	—	20	2	—	3	1	—	4	—	—	—	—	—	31	3	—
A 105	581	ulcerative colitis	222	19	—	7	5	—	2	—	—	—	—	—	—	—	—	—	—	—	231	24	—
		Cirrhosis of liver																					
A 106	584, 585	Cholelithiasis and	123	2	—	22	1	—	9	—	—	3	—	—	—	—	—	—	—	—	157	3	—
		cholecystitis ..																					
		Other diseases of diges-	230	4	1350	114	3	—	73	1	48	5	—	—	14	—	36	—	—	385	437	8	1819
A 107	536, 539	tive system ..																					
	542, 544																						
	545																						
	573-580																						
	582, 583																						
	586, 587																						
A 108	590	Acute nephritis	62	2	27	4	1	—	11	1	—	2	—	—	—	—	—	—	—	—	79	4	27
A 109	591-594	Chronic, other and un-																					
		specified nephritis	210	30	258	39	2	—	21	4	9	—	—	—	15	1	21	—	—	11	285	37	299
A 110	600	Infections of kidney	120	9	355	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	121	9	355
A 111	602, 604	Calculi of urinary																					
		system ..	—	—	—	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—	6	1	—
A 112	610	Hyperplasia of prostate..	7	1	—	11	—	—	—	—	—	—	1	—	—	—	—	—	—	—	18	2	—
A 113	620, 621	Diseases of breast	39	3	23	1	—	—	—	—	—	3	—	—	6	—	15	—	—	—	56	3	38
A 114 (a)	613	Hydrocele ..	206	—	31	54	—	—	7	—	—	16	—	—	4	—	15	—	—	—	299	—	46
(b)	634	Disorders of																					
		menstruation ..	90	—	97	17	—	—	58	—	16	9	—	—	16	—	73	—	10	—	190	—	196
(c)	601, 603	All other diseases of the																					
	605-609	genito-urinary system..	375	22	460	408	6	—	156	2	30	23	2	—	41	—	40	3	1	30	1,006	33	560
	611, 612																						
	614-617																						
	622-633																						
	635-637																						
A 115	640-641	Sepsis of pregnancy,																					
	681, 682	child-birth and the	3	—	—	7	2	—	2	1	—	—	—	—	—	—	—	—	—	—	12	3	—
	684	puerperium ..																					
A 116	642, 652	Toxaemias of pregnancy																					
	685, 686	and the puerperium ..	176	8	185	4	—	—	6	—	—	9	—	—	—	—	—	—	—	—	195	8	185
A 117	643, 644	Haemorrhage of preg-	98	6	—	1	—	—	3	1	—	—	1	—	—	—	—	—	—	—	102	8	—
		nancy and childbirth ..																					
		Carried Forward ..	10415	738	28795	2443	214	—	1552	118	494	592	28	1	654	14	2153	3	1	1081	15659	1113	32524





Inter- mediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL			
			I.P.	O.P.		I.P.	O.P.		I.P.	O.P.		I.P.	O.P.		I.P.	O.P.		I.P.	O.P.		I.P.	O.P.		
			C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	C.	D.	C.	
A 134 A 135	769, 772 771, 772 773, 776	Brought Forward ..	14927	797	31110	3890	252	—	2414	126	600	909	30	1	855	14	2396	3	1	1232	22998	1220	35339	
		All other defined diseases of early infancy ..	60	5	—	25	13	—	—	—	—	—	—	1	—	—	—	—	—	—	85	19	—	
		Ill-defined diseases peculiar to early infancy, and immaturity unqualified ..	250	49	758	21	17	—	40	8	—	5	7	—	10	—	59	—	—	—	326	81	817	
		Senility without mention of psychosis ..	224	20	600	78	12	—	—	—	—	3	—	—	2	—	—	—	—	—	307	32	600	
A 136 A 137 (a)	794 788.8	Pyrexia of unknown origin ..	50	—	600	54	—	—	3	—	61	33	—	—	23	1	517	—	—	16	163	1	1194	
		Observation, without need for further medical care ..	31	—	170	44	—	—	73	—	—	8	—	—	7	—	—	—	—	—	163	—	170	
(b) (c)	793 780-787 788.1-788.7 788.9 789-792 795	All other ill-defined causes of morbidity ..	12	—	397	198	1	—	8	—	34	10	—	—	—	—	—	—	193	228	1	624		
		"E" CODE. ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS, AND VIOLENCE (EXTERNAL CAUSE).																						
		AE 138	E810-E835	Motor Vehicle accidents ..	120	20	50	47	3	—	—	—	—	—	—	—	—	—	—	—	—	167	23	50
				Other transport accidents ..	35	2	65	38	2	—	—	—	—	—	—	—	—	—	—	—	—	73	4	65
AE 140 AE 141 AE 142	E866 E870-E895 E890-E904 E912	Accidental poisoning ..	35	4	8	19	1	—	—	—	—	3	—	—	—	—	—	—	—	57	5	8		
		Accidental falls ..	122	17	717	144	3	—	2	—	—	—	—	—	1	—	81	—	—	269	20	798		
		Accidents caused by machinery ..	—	—	466	18	—	—	—	—	—	—	—	—	2	—	41	—	2	20	—	509		
		Accident caused by fire and explosion of combustible material ..	—	—	—	8	—	—	1	—	—	4	—	—	3	—	24	—	—	16	—	24		
AE 144 AE 145 AE 146 AE 147	E916 E917, E918 E919 E929 E920	Accident caused by hot substance, corrosive liquid, steam and radiation ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
		Accident caused by fire-arm ..	—	—	790	25	1	—	—	—	—	2	—	—	—	—	—	—	—	27	1	790		
		Accidental drowning and submersion ..	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	5	—	—		
		Foreign body entering eye and adnexa ..	—	—	4	1	—	—	—	—	—	—	—	—	5	—	—	—	—	6	—	4		
		Carried Forward ..	15866	914	35819	463	305	—	2544	134	695	985	38	1	916	15	3118	3	1	1443	24945	1407	41076	

Inter- mediate List Numbers	Detailed List Number	Cause Groups	P.H. Georgetown			P.H. Berbice			P.H. Suddie			P.H. Bartica			P.H. Mabaruma			P.H. Kamakusa			TOTAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
			I.P.	O.P.		I.P.	O.P.		I.P.	O.P.		I.P.	O.P.		I.P.	O.P.		I.P.	O.P.		I.P.	O.P.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
				C.	D.		C.	C.		D.	C.		C.	D.		C.	C.		D.	C.		C.	D.	C.	C.	D.	C.	C.	D.	C.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
		"E" CODE.—Contd.	15866	914	35819	—	—	—	4630	305	—	2544	134	695	985	38	1	916	15	3118	3	1	1443	24945	1407	41076																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					





